



CHILDRENS/YOUTH MEDICAL RELEASE

I, the undersigned parent or guardian of _____, a minor, birthdate _____, do hereby authorize adult workers with the youth of the above-named church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis of treatment is rendered at the office of said physician or at said hospital. As parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital or other medical center for rendering such services.

Further, I agree to hold neither the Ministers, the Youth/Children's Ministry Team, the elders nor volunteer workers of the Grace Crossing, a Community Church of Christ liable for any accident or injury while the above-named minor is a participant in a children or youth event.

(Please **Print** the following information)

The above-named minor has the following allergies: _____

He/She is on the following medication: _____

Insurance Company/Group: _____ Policy Number: _____

Name of Insured: _____

Insured's Birthdate: _____ Insurance verification phone number: _____

Parents or Guardians: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____ Cell: _____

Parent or Guardian Signature

Date